Name in Full

Catharine A Adams

Certificate of Death

Died at Town: Havre de Grace County: Harford Co MARYLAND

Date 189 Month: January Day: 13 | Age Y. 59 M. D. | Native of Md | Occupation Seamstress

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband / Wife of John G. Adams

Father's Name Wm E. Woodhouse | Mother's Name Elizabeth Woodhouse

Cause of Death: Primary Dropsy 9 | How long sick 6 days

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Amberman

Certificate of Death

Died at Town near Clermont Mills County Harford MARYLAND

Date 189 9 Month 1 Day 21 Age Y. 87 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Heart disease 57 How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Fellowship M. E. Cemetery, near Harkins P. O.

Name in Full | Certificate of Death

Harry Bachtel

Died at Town: Glenville County: Harford MARYLAND

Date 1899 Month: 1 Day: 6th Age Y. M. D.: nine Native of: Harford Occupation

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number ~~of children~~ living

Husband / Wife of

Father's Name: Samuel Bachtel Mother's Name: Annie Bachtel

Cause of Death: Primary: Cerebro Spinal Mingitis How long sick: 3 weeks

Immediate: 39a Accident, Suicide, Homicide

Reported by: Jno. Laffington M. D.

Address: Darlington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mary Beatty

Certificate of Death

Died at Town near Madonna County Harford MARYLAND

Date 1899 Month 7 Day Age Y. 81 M. D. Native of Occupation

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Jas. Beatty

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Bethel Presbyterian Church

Name In Full Charles G. Budd

Certificate of Death

Died at Town Joppa County Harford, MARYLAND

Date 189 9 Month 1 Day 19 | Age Y. 58 M. D. | Native of Pa. | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 97

Cause of Death: Primary Bright's disease of Kidneys | How long sick

Immediate | Accident, Suicide, Homicide

Reported by N. W. Keyes M.D.

Address Joppa, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Annie A. Card.

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month Jany Day 23 | Age Y. 28 M. D. | Native of Cecil Co. Md | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of Alvin Card

Father's Name Geo. H. Baldwin Mother's Name Sarah C Baldwin

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 6 Mo.

Immediate .2 La — Accident, Suicide, Homicide

Reported by Dr. R H Smith M D

Address Ha-de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Kate Curley

Died at Town Havre-de-Grace County Harford MARYLAND

Date 189 Month 9 Day 13 Age Y. 56 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ Wife of P. Martin Curley

Father's Name Mother's Name

Cause of Death { Primary Paralysis 44 How long sick

Immediate Accident, Suicide, Homicide

Reported by Republican 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Rev. F. Humphrey.
Interment at Angel Hill.

Name in Full Amanda M. Dallam

Certificate of Death

Died at Woodstock near Bel Air County Harford MARYLAND

Date 1897 Month 1 Day 4 Age Y. M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of John S. Dallam

Father's Name Prigg Mother's Name 161

Cause of Death Primary Complication of diseases How long sick

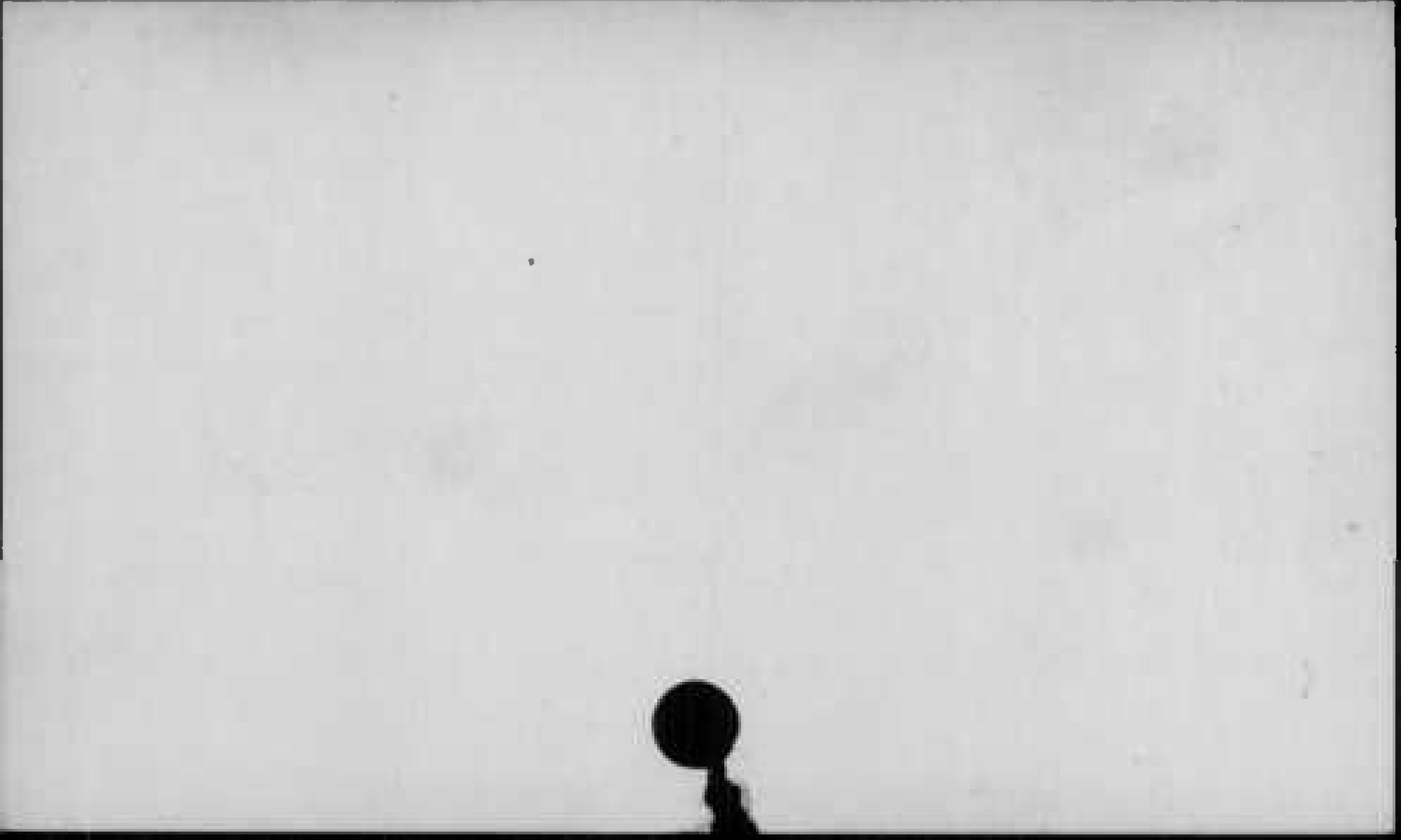
Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 1-7

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 79899



Name ~~In Full~~ Pillie Dicks

Certificate of Death

Died at Town Dublin County Harford MARYLAND

Date 1899 Month 1 Day 12 | Age Y. 30 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 2

~~Husband~~ Wife of Wm. Dicks

Father's Name Henry Pohlar Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Wm. Dicks

Certificate of Death

Died at ~~Town~~ near Scarboro County Harford MARYLAND

Date 1892 Month 1 Day 10 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Wife Wm. Dicks

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Regis + Intelligencer 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full Chas. Duff

Certificate of Death

Died at Town Scarboro County Harford MARYLAND

Date 189 9 Month 1 Day 5 Age Y. 16 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. Duff

Mother's Name

Cause of Death Primary Pneumonia 72

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Dublin M. E. Church.

Name in Full

Certificate of Death

Mary S. Edge

Died at Darlington (Town) Harford Co (County) MARYLAND

Date 1899 Month Jan Day 1st | Age Y. 80 M. — D. 16 | Native of Pa | Occupation

~~Male~~ Female | White | ~~Married~~ | Widow | ~~Divorced~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~

Number of children living four

~~Husband~~ Wife of Joseph Edge

Father's Name John S Smith

Mother's Name Elizabeth Smith

Cause of Death: Primary Hypertrophy of the Heart — How long sick 2 yrs

Immediate

57

~~Accident, Suicide, Homicide~~

Reported by Jno. Laffertan M. D.

Address Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. Jno. Eaffington

of Darlington Md.

Information contained in this certificate received from Rebecca E. Thomas

Darlington Harford Co. Md

Seen by Coroner

of

Name in Full John Farour

Certificate of Death

Died at Town Fallston County Harford MARYLAND

Date 1899 Month Jan Day 4 | Age Y. 87 M. D. | Native of France | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of Wife —

Father's Name — Mother's Name 59

Cause of Death: Primary Ossification of arteries — How long sick 3 mons

Immediate Dropsy — ~~Accident, Suicide, Homicide~~

Reported by J. F. H. Gorsuch M. D.

Address Fork Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79706

Name in Full

Certificate of Death

John Battice Farour

Diod at Town near Fallston County Harford MARYLAND

Date 189 Month 1 Day 2 Age Y. 87 M. D. Native of France Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower Divorced Number of children living 3

Husband ~~Wife~~ of Margaret Ramsay

Father's Name Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Republican 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Emma Foard

Certificate of Death

Died at Town Hyde X Roads County Harford MARYLAND

Date 1899 Month Jany Day 5th | Age Y. 13 M. D. | Native of Harford | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name Thomas Foard

Mother's Name Annie Foard

Cause of Death: Primary Not known (unless due to Cold) | How long sick Five days under my care 15 hours

Immediate Peritonitis 93 | Accident, Suicide, Homicide

Reported by W. L. Smith M.D.

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Martha E Greenland

Certificate of Death

Died at Town: Aberdeen County: Harford MARYLAND

Date 189 9 Month: Jan Day: 17 | Age Y. 68 M. 11 D. 17 | Native of Maryland | Occupation None

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~

Number of children living none

~~Husband~~ Wife of John H Greenland

Father's Name Jacob H Gallion | Mother's Name Mary M Gallion

Cause of Death: Primary Anemia (Pernicious) | How long sick 9 mos

Immediate Exhaustion 32 | ~~Accident, Suicide, Homicide~~

Reported by J H Kinney M.D

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full

Certificate of Death

David E. Haines

Died at Town: Dublin County: Harford MARYLAND

Date 1899 Month: Jan'y Day: 10 Age Y.: 54 M.: 7 D.: 8 Native of: Maryland Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Julia Haines

Father's Name Joseph Haines Mother's Name ~~Maria~~ Dinah

Cause of Death: Primary Work in Flint Mill How long sick 10 days

Immediate Pneumonia 72 Accident, Suicide, Homicide

Reported by Dr E Hopkins

Address Darlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bailey & Baldwin

Undertakers

Name in Full George Hill

Certificate of Death

Died at Town Bel Air County Harford Co. MARYLAND

Date 1899 Month Jan. Day 6th Age Y. 78 M. D. Native of U.S.A. Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Grippe 9 How long sick 2 weeks

~~Immediate~~ ~~Accident, Suicide, Homicide~~

Reported by W. B. Mannitchen M.D.

Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65982

Dr. C. A. Hollingsworth

City

R.C.I. 54

Name In Full Ex Sheriff Charles H. Holmes (Holmes) Certificate of Death

Died at Town "My Lady's Manor" County Harford MARYLAND

Date 189 Month 1 Day 15 Age Y. 62 M. D. Native of Occupation Dairy-farmer

~~Male~~ / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife Lenore

Father's Name Judge John B. Holmes Mother's Name

Cause of Death — Primary La Grippe 9 — How long sick

Immediate Heart disease — Accident, Suicide, Homicide

Reported by Eyre & Intelligencer

Address Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. A. H. Price

Name in Full

Ella May Hyland

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 189 9 Month Jan Day 30 | Age Y. 9 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Ella ~~Hyland~~

Father's Name Wm S. Hyland | Mother's Name Ella Hyland

Cause of Death: Primary Capillary Bronchitis 7 1 | How long sick 2 days

Immediate Suffocation | ~~Accident, Suicide, Homicide~~

Reported by H. L. Fair, M.D.

Address Havre de Grace Harford Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

Name in Full: Gulie Jones

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: Jany Day: 13 | Age Y. 22 M. D. | Native of: Delaware | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of: Charles E. Jones

Father's Name: G. H. Baldwin Mother's Name: Sarah C. Baldwin

Cause of Death: Primary: Pulmonary Tuberculosis About 1 Yr

Immediate: 22a

How long sick

Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: Ha de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificete of Death

Gertrude M. Jones

Town

Died at Havre de Grace County Harford MARYLAND

Month Day, Y. M. D. Native of Occupation

Date 189 9 / 15, Age 23 /

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living /

Husband of

Wife

Father's Name Geo. L. Baldwin Mother's Name

Cause of Death: Primery 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Buried in West Nottingham Cem., Pa.

Name in Full

Winston Stone

Certificate of Death

Died at — Town: — County: Harford. — MARYLAND

Date 189 9 — Month: Jan — Day: 30 — Age: Y. 80 M. — D. — Native of: Harford. — Occupation: Laborer

Male — ~~White~~ — Married — ~~Widow~~ — Divorced

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living

Husband / Wife of Tennie Stone

Father's Name — Mother's Name

Cause of Death — Primary: Paralysis — 44 — How long sick: [illegible]

Immediate — Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bailey & Baldwin

Name in Full | Certificate of Death

Martha A McCubbin

Died at Town: Swan Creek | County: Hereford | MARYLAND

Date 1899 Month: Jan Day: 31 | Age Y. M. D.: 72. | Native of: Balto Co. | Occupation: None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of: John H. McCubbin 57

Father's Name: Thos. Ford | Mother's Name: Cassandra Ford

Cause of Death: Primary: Heart Disease | How long sick: 2 yrs

Immediate: Congestion of lungs | Accident, Suicide, Homicide

Reported by: Dr R N Smith

Address: Hickory, Md. Grace Neck

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Smith

of Havre De Grace

Information contained in this certificate received from Agness Surft

of Swancock

Name in Full | Certificate of Death

Mary F McGibney

Died at Town: Safford County: Harford County MARYLAND

Date 189 a Month: January Day: 7th | Age Y. 20 M. D. | Native of Harford | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Phillip McGibney

Mother's Name: Mary F. McGibney

Cause of Death: Primary: Pulmonary 5 | How long sick: 2 yrs

Immediate: Measles | Accident, Suicide, Homicide

Reported by: Jno. Saffington M. D.

Address: Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Geo. Saffington

of Darlington Md

Information contained in this certificate received from

of

Seen by Coroner

of

Bailey & Baldwin Undertakers

OVER

Name in Full

Elizabeth Martin

Certificate of Death

Died ~~at~~ near Town Gulford County Harford MARYLAND

Date 1899 Month 1 Day 22 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ✓

~~Husband~~ Wife of Samuel Martin

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 | How long sick

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Buried in Mt. Zion M. E. Cemetery, Fountain Green.

Revs. Francis R. Isaacs, Samuel C. Isaacson.

Name in Full Benj. Mason

Certificate of Death

Diad at Town Cooptown County Harford MARYLAND

Date 189 9 Month 1 Day 21 Age Y. 55 M. D. Nativa of Occupation carpenter

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8 –

Husband of Wife

Father's Name Benj. Mason Mother's Name 152a

Cause of Death Primary Fell from roof of house & fractured his skull. ~~Immediate~~

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 1-28.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Cemetery attached to the Wm. Watters Memorial
M. E. Church, near Coshocton
Rev. Wm. L. Price, pastor of Bethel Church
Revs. W. W. Davis and D. F. Martin.

Name in Full — Certificate of Death

Benjamin L Mason

Died at Town: Darlsville — County: Harford — MARYLAND

Date 1899 Month: January Day: 21 | Age Y. 59 M. — D. — | Native of Md | Occupation Carpenter

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 6

Husband / ~~Wife~~ Annie Mason

Father's Name Benjamin Mason — Mother's Name Margret Mason

Cause of Death — Primary: Fracture Skull — How long sick 3 hours

Immediate: 143 — Accident, ~~Suicide, Homicide~~

Reported by Martin L Garrett

Address Darlsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Solomon Pearce

Died at Town: Fallston County: Harford MARYLAND

Date 1899 Month: June Day: 17 | Age Y. 76 M. D. | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living Four

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 57 — How long sick 3 weeks

Immediate Heart Trouble — Accident, Suicide, Homicide

Reported by Chas. E. Hamberger Undertaker

Address Benson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Abbie Rimmey

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: Jan Day: 17 Age Y.: 70 M.: 7 D.: — Native of: Balti Occupation: assistant Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Mr. Jacob Rimmey

Mother's Name: Mrs. Susan Rimmey

Cause of Death: Primary: Fracture of thigh in June

Immediate: La grippe 9

How long sick: 10 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Accrothers

Address: Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960

Name in Full

Ida Robinson

Certificate of Death

Died at Town: Cooptown County: Harford MARYLAND

Date 1899 Month: Jany Day: 23 | Age Y. 26 M. D. | Native of Harford Co | Occupation House Servt

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living Two

~~Husband~~ Wife of Walter Robinson

Father's Name George Jackson | Mother's Name Belle Jackson

Cause of Death: Primary Measles 5 | How long sick Four days

Immediate Congestion of Lungs | ~~Accident Suicide, Homicide~~

Reported by W. L. Smith M.D.

Address Jamesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Ann. Sanders

Certificate of Death

Died at Town: Mill Green County: Harford MARYLAND

Date 189 9 Month: 1 Day: 6 | Age Y. 87 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow/ Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 1-14

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708

Rev. S. B. Tredway, Bel Air.

Name in Full

Certificate of Death

Amos Spencer

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1899 Month: January Day: 4 | Age Y. 82 M. 11 D. 13 | Native of Harford Co | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ Widower / ~~Divorced~~ | Number of children living two

Husband / Wife of Rose Spencer

Father's Name Unable to Answer | Mother's Name Unable to Answer

Cause of Death: Primary — Debility age 9

Immediate — Grippe

How long sick 10 days

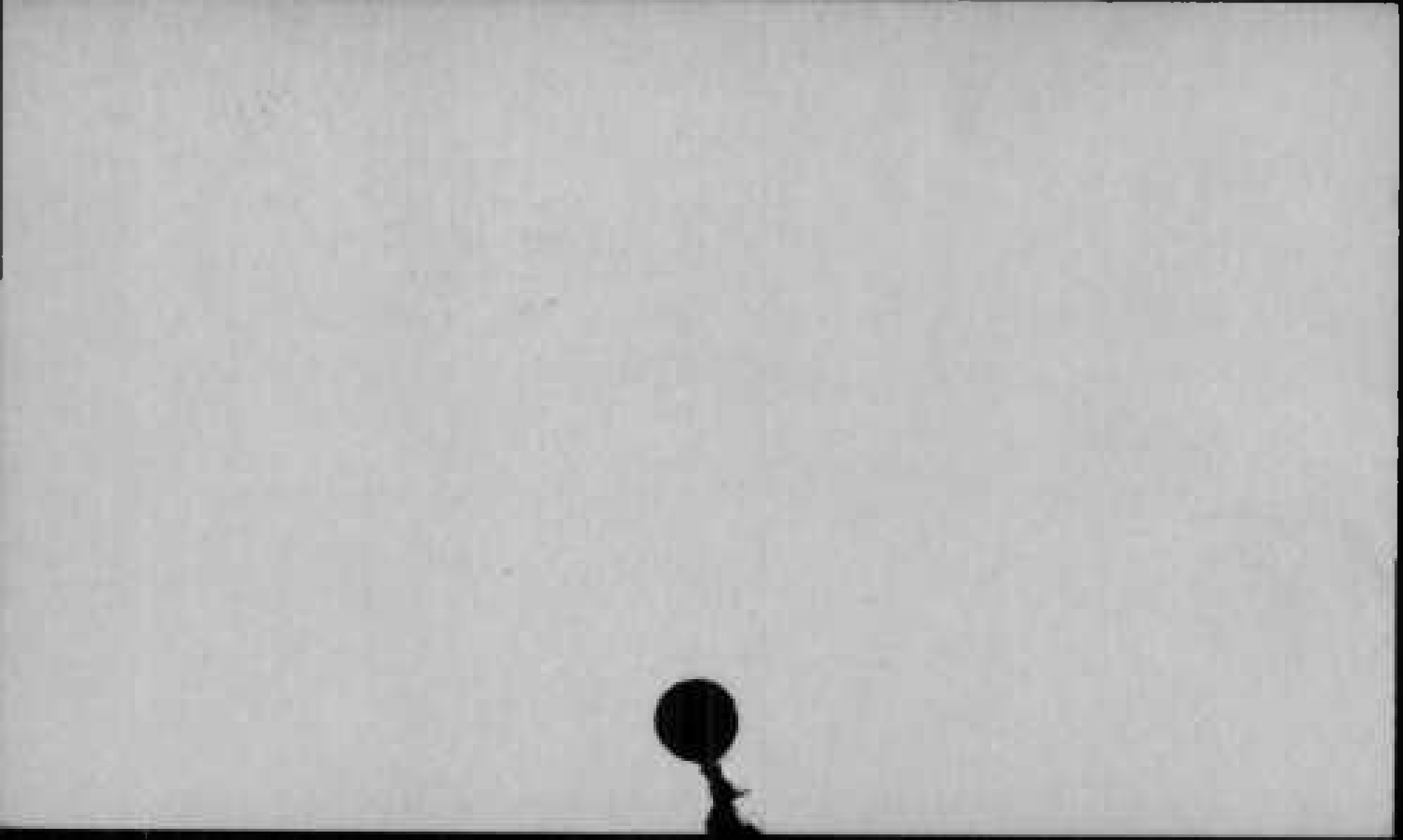
Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherw[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full | Certificate of Death

Louisa Christine Stritehoff

Died at Town Jarrettsville County Harford MARYLAND

Date 1899 Month Jan. Day 13 | Age Y. 61 M. 2 D. 15 | Native of Md. | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of Frank Butler Stritehoff

Father's Name | Mother's Name 15-8

Cause of Death: Primary Chron. Gastritis | How long sick 7 weeks

Immediate Intestinal Tumor & ascites ~~Suicide Homicide~~

Reported by Thos. H. Emory Jr. D.

Address Taylor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Margaret Sweeting

Died at (Town) near Chrome Hill (County) Harford MARYLAND

Month / Day / Y. M. D. / Native of / Occupation

Date 189 / / Age 82

~~Male~~ / White / ~~Married~~ / Widow / ~~Divorced~~

Female / ~~Colored~~ / ~~Single~~ / ~~Widower~~ / Number of children living 6

~~Husband~~ / Wife of Benj. Sweeting

Father's Name A. H. Sherington / Mother's Name

Cause of Death: Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republican 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Funeral at Presentation Church, Perryman

Name ~~in~~ Full

Certificate of Death

Frank Taylor

Died at near Town Doublin County Harford MARYLAND

Date 189 9 Month 1 Day 10 Age Y. 52 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Pneumonia 72 How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 1-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Abraham Trout

Certificate of Death

Died ~~at~~ near Town Clermont Mills County Harford MARYLAND

Date 189 9 Month / Day 26. Age Y. 59 M. D. Native of / Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Heart disease 5-7 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer. 2-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Farm Grove Methodist Church.
Rev. H. H. Davis.

Name in Full Catanelle Warrick

Certificate of Death

Died at Town Stafford County Harford MARYLAND

Date 1893 Month Jan Day 26 | Age Y. — M. 11 D. — | Native of U.S | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Thomas Warrick

Mother's Name Joe Warrick

Cause of Death: Primary

Immediate Pneumonia 72

How long sick

~~Accident, Suicide, Homicide~~

Reported by N. B. Kirk Md.

Address Darlington Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. W B Fisk MD

of Darlington

Information contained in this certificate received from _____

of _____

Seen by Coroner _____

of _____

OVER

Name In Full

Nora Whitaker

Certificate of Death

Town

County

Died at Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	4	Age 22				

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children living~~

Husband of

Wife

Father's Name Jas. Whitaker

Mother's Name

Cause of Death — Primary: Measles 5—

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Mary Wiley

Certificate of Death

Died at Town near Morrisville County Harford MARYLAND

Date 1899 Month 8 Day 7 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Joseph Wiley

Father's Name Mother's Name

Cause of Deeth: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 1-14

Address

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Services & interment at Norrisville
M. P. Church.

Name In Full

Certificate of Death

Virginia B. Wysong

Died ~~at~~ ~~Town~~ near The Rocks County Harford MARYLAND

Date 1899 Month 1 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 1-21.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Buried at Roals Spring P. E. Church
Rev. L. J. Southoro.